

**AFP Midwest Regional Conference
Speaker Information Form**

Name & Title: _____

Name & Company as you want it listed in the brochure and on your speakers' badge:

Address: _____

City _____ State: _____ Zip: _____

E-mail address: _____

Phone: _____ Cell phone: _____

Fax: _____ Contact, if other than yourself: _____

Special Needs: (Vegetarian meals, non-smoking areas, wheelchair access etc.) _____

Honorarium (if applicable)

Make honorarium payable to:

Individual name _____ Social Security # _____

Company name _____ Federal Tax # _____

Medical Emergency Contact

In the event you suffer a medical emergency during the conference, please list below the names of two contacts:

Family member: Name & phone: _____

Family doctor: Name, Clinic & Phone: _____

Acceptance of Terms as Described

I agree with the terms as outlined on the enclosed letter of agreement. The title, times and compensation information are correct.

Signature _____

Date _____

(Please print your name)

(Over, please)

